PTO/58/06 (12-04)

Approved for use through 7/31/2006. CM8 0651-0032 U.S. Patent and Trademert Office; U.S. DEPARTMENT OF COMMERCE it Reduction Act of 1895, no persons are required to respond to a collection of information univers it displays a valid CMIB control numb PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Journber Substitute for Form PTO-875 Effective December 8, 2004 1 557 448 APPLICATION AS FILED - PART I OTHER THAN · (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR MUMBER FLED NUMBER EXTRA RATE (T) FEE (S) RATE (S) FEE (I) BASIC FEE NA NA (37 CFR 1.16(s), (b), or (c)) 150.00 NA 300.00 SEARCH FEE . NIA · N/A \$250 (37 CFR 1 16(1) (1, or (14)) NA \$500 EXAMINATION FEE N/A . N/A NA (A) CFR 1.16(d. (s). or (s)) \$100 NA \$200 TOTAL CLASS X\$ 25 ·. (27 CFR 1.16(3) max 20 = X\$50 OR INDEPENDENT CLAIMS X100 (37 OFF 1.16(N) minus 3 . X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(4)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +360= ". If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PARTII OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CHARLE HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI. RATE (S) ADOL **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL MENDMENT PAID FOR FEE (\$) FEE (f) Total pr cra 1,140 20 Minus X\$ 25 X\$50 OR. Minus X100 ð X200 OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.168) +180a +360= OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 3) (Column 2) CLADAS HIGHEST 8 REMAINING NUMBER PRESENT RATE (5) ADDI-RATE (8) ADD: AFTER PREVIOUSLY EXTRA TIONAL ENDMENT TIONAL AMENDMENT PAID FOR FEE (\$) FEE (1) Con CHR F1800 7 Minus X\$ 25 X\$50 OR Minus CT CFR LIBOR X100 X200 OΒ Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.168) +360= +180= OR TOTAL TOTAL OB ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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The "Highest Number chiding gathering, propering, and externiting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments a the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient ad Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DORESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.